Application or Docket Number

| Effective October 1, 2003           |  |   |                      |                               |                      |                  |     |          |           |                        |     |                     |                        |
|-------------------------------------|--|---|----------------------|-------------------------------|----------------------|------------------|-----|----------|-----------|------------------------|-----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) |  |   |                      |                               |                      | (Column 2) SMA   |     |          | EN        | ₹TITY                  | OR  | OTHER<br>SMALL      |                        |
| то                                  | TAL CLAIMS                                     |   | · (B                 |                               |                      |                  |     | RAT      | Ε         | FEE                    | 1 1 | RATE                | FEE                    |
| FOR                                 |  |   | NUMBER FILED         |                               | NUMBER EXTRA         |                  |     | BASIC    | FEE       | 385.00                 | OR  | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS             |  |   | ( <i>Q</i> minus 20= |                               | •                    |                  |     | X\$ 9    | =         |                        | OR  | X\$18=              |                        |
| IND                                 | EPENDENT CL                                    | AIMS \                                    | /2 minus 3 =         |                               | *                    |                  | ٠.  | X43      | =         |                        | OR  | X86=                |                        |
| MU                                  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT               |                               |                      |                  |     | +145=    |           |                        | OR  | +290=               |                        |
| * if                                | the difference                                 | in column 1 is                            | less than ze         | ero, enter                    | r "0" in c           | column 2 T       |     |          | \L        |                        | OR  | TOTAL               | 970                    |
| And t. CLAIMS AS AMENDED - PART II  |  |   |                      |                               |                      |                  |     |          |           |                        | ,   | OTHER               |                        |
| $\mathcal{U}_{p}$                   | 8-37-05  | (Column 1)                                |                      | (Colur                        | nn 2)                | (Column 3)       |     | SMA      |           | ENTITY                 | OR  | SMALL               |                        |
| AMENDMENT A                         |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA |     | RAT      | Ε         | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                     | Total  | . 18                                      | Minus                | - 20                          | 0                    | = —              |     | X\$ 9    | =         |                        | OR  | X\$18=              | •                      |
|                                     | Independent                                    | . 3                                       | Minus                | ***                           | 3_                   |                  |     | X43:     | _         |                        | OR  | X86=                |                        |
| ٩                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                      |                  |     | +145     |           |                        | OR  | +290=               |                        |
|                                     | 1, 8 19  |   |                      |                               |                      |                  |     | TO       |           |                        | ÓR  | TOTAL<br>ADDIT, FEE |                        |
|                                     | 1 0  | (Column 1)                                |                      | (Colur                        | mn 2)                | (Column 3)       |     | ADDIT. F | -EE 1     |                        |     | 700,11.722          |                        |
| INT B                               |  | CLAIMS REMAINING AFTER AMENDMENT          |                      | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |     | RAT      | E         | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>                    | Total  | *   | Minus                | **                            |                      | =                |     | X\$ 9    | =         |                        | OR  | X\$18=              |                        |
|                                     | Independent                                    | *   | Minus                | ***                           |                      |                  |     | X43:     | _         |                        | OR  | X86=                |                        |
| ◀_                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                      |                  | ٍ ز | +145     | =         |                        | OR  | +290=               |                        |
|                                     |  |   |                      |                               |                      |                  |     |          | TAL<br>EE |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)    |  |   |                      |                               |                      |                  |     |          |           | ·                      | _   |                     |                        |
| AMENDMENT C                         |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                    | HIGH<br>NUM<br>PREVIO<br>PAID | OUSLY                | PRESENT<br>EXTRA |     | RATI     | Ε         | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                     | Total  | *   | Minus                | ***                           |                      | =                | ]   | X\$ 9    | =         |                        | OR  | X\$18=              |                        |
|                                     | Independent                                    | *   | Minus                | ***                           |                      | =                | ┨│  | X43:     |           | ٠.                     | OR  | X86=                |                        |
|                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                      |                  |     | 1145     | _         |                        |     | +290=               | ·                      |

OR ADDIT. FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.
\*\*The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.